

Arizona Department of Health Services Office for Children with Special Health Care Needs Integrated Services Grant



Committee Action Planning

The Integrated Services Grant Initiatives has formed seven committees to address specific areas of the grant. The Committees are:

- Quality Improvement
- o Education and Training
- o Cultural Competency
- Specialty Services
- o Insurance
- Parent Action Council
- Youth Action Council

The following template provides a framework for planning committee actions and tracking the strategies and actions to the outcomes desired. Each Committee will complete the template to further define the strategy(ies), Actions and timelines for the work of the Committee. The completed Action plans will provide the basis for monitoring and reporting on the activities of the Committees.

Definitions:

Task: The areas assigned to the Committee based on the grant requirements.

Outcome/Performance Measures (s): The outcome desired from the work of the Committee and the performance measures to be impacted by this work.

<u>Strategy:</u> The major activity(ies) that will take place in order to achieve the goal. A Task may have more than one strategy.

<u>Action:</u> The step by step process to implement / complete the strategy. For each strategy, the actions (next steps) define how the strategy will be implemented.

<u>Timeline</u>: The Starting month & year and projected ending month & year for implementing the strategy.

Committee Name: Parent Action Council

Goal: To provide a single informational resource about all activities involving parents throughout the state, and to facilitate cross training, and mentoring of all parents.

| Task | Outcome/Performance Measure(s) | Strategy | Action | Timeline |
|---------------------|--|----------|--------------------------------|----------|
| 1. Review local | 1. The percent of MCHB funded | | * develop a mechanism | |
| activities and make | projects that are sustained in the | | * what's going on? | |
| recommendations | community after the federal grant | | * two new teams | |
| to the Task Force. | period is completed. | | | |
| | 2. The degree to which MCHB supported programs ensure family | | • identify best practices (how | |
| | participation in program and policy | | people think it works | |
| | activities. | | if activities | |
| | Family members participate on | | occurring in other | |
| | committees or task forces and are | | states | |
| | offered training, mentoring, and | | *Family Voices | |
| | reimbursement. | | *Maternal and Child | |
| | | | Health Bureau | |
| | Financial support (financial | | (MCHB) | |
| | grants, technical assistance, | | *Spina Bifida | |
| | travel, and child care) is offered | | Association | |
| | for parent activities or parent | | *Parent Advocacy | |
| | groups. | | Coalition for | |
| | | | Educational Rights | |
| | Family members work with their | | (PACER) | |
| | professional partners to provide | | *National Institutes | |
| | training (pre-service, in-service, | | of Health (NIH) | |
| | and professional development to | | • general training that | |
| | MCH/CSHCN staff and | | is parent driven or | |
| | providers. | | organized | |
| | | | • more than 1:1 | |
| | | | | |

| • Family members are hired as paid staff or consultants to the program (a family member is hired for his or her expertise as a family member. | if evaluations used, id means of getting the information develop training tracking form |
|---|---|
| 3. The degree to which MCHB supported programs have incorporated cultural competency elements into their policies, guidelines, contracts, and training. • The grantee collaborates with families of culturally diverse groups in: * Program Planning * Service delivery * Evaluation/monitoring of services | |
| The grantee collaborates with informal community leaders/groups (e.g. natural networks, informal leaders, spiritual leaders, ethnic media, family advocacy groups) in various aspects of: Program Planning Service delivery Evaluation/monitoring of Services | develop mechanism by which family voice is heard (focus groups) for Title V Block Grant, strategic planning, annual plans |
| 4. The degree to which grantees have assisted States in increasing the percent of children with special health care needs, age 0 to 18, whose | |

| families have adequate private and/or | |
|---------------------------------------|--|
| public insurance to pay for needed | |
| services. | |
| The grantee was able to assist | |
| the state in developing | |
| partnerships and collaborating | |
| with key stakeholders in the | |
| states, such as State agencies | |
| (AHCCCS, State Insurance | |
| Commission), health insurance | |
| companies/managed care | |
| organizations, provider | |
| organizations (hospitals, | |
| physician groups); employers, | |
| unions, and other employee- | |
| related organizations; families | |
| and consumer groups. | |